

Date: 08/10/90

- COMPLETE EACH ITEM ON FORM.  
 ○ GIVE FIRST PAGE TO THE RECIPIENT  
 TO TAKE TO THE AUDIOLOGICAL CENTER.  
 ○ RETAIN SECOND PAGE FOR YOUR FILES.

# PHYSICIAN OTOLOGICAL REPORT FOR HEARING AID EVALUATION

PA/OF

1 PHYSICIAN NAME, ADDRESS, ZIP CODE I. M. Provider 123 W. Williams Anytown, WI 53725		2 PHYSICIAN'S TELEPHONE NO. (XXX ) XXX-XXXX	4 DATE OF EVALUATION AND PHYSICIANS SIGNATURE MM/DD/YY DATE I. M. Provider SIGNATURE
3 PHYSICIAN'S MEDICAL ASSISTANCE NO. 87654321			
5 RECIPIENT'S MEDICAL ASSISTANCE ID NUMBER: 1234567890	6 RECIPIENT'S NAME (LAST, FIRST, M.I.) Recipient, Ima	7 RECIPIENT ADDRESS (STREET, CITY, STATE, ZIP CODE) 609 Willow Anytown, WI 53725	
8 SEX M <input type="checkbox"/> F <input checked="" type="checkbox"/>	9 DATE OF BIRTH MM/DD/YY		

1. Pertinent medical history regarding hearing loss: Client has extensive history of hearing problems. Client indicates she has never worn amplification.

## 2. Pertinent otological findings:

EAR CANALS	NORMAL	DISCHARGE	EXTERNAL OTITIS		OBSTRUCTED	OTHER
Right		X	X	wax		
				other		
Left	X			wax	X	
				other		
EAR DRUMS	NORMAL	PERFORATED	DISCHARGE			OTHER
Right	X					
Left		X				
MIDDLE EAR	NORMAL	SECRETORY	CHRONIC OTITIS			OTHER
Right			X			
Left	X					

ADDITIONAL OTOLOGICAL FINDINGS: Please indicate results of special studies such as caloric and postural tests, recruitment tests, etc.

Above testing revealed no abnormal conditions. Tympanometry was within normal limits.

3. Clinical Diagnosis of Hearing Status: sensori-neural loss right ear  
conductive loss left

4. Other Known Medical/Cognitive/Developmental Problems: None

5. Medical Contraindications to the Use of an Air Conduction Type Hearing Aid in Either Ear: draining in left ear prohibits use of hearing aid unless closely monitored

6. The use of Non-allergenic Earmold Material (is) (is not) recommended: is not

## 7. Physician's Recommendations:

- a. ☐ Hearing Evaluation by an Audiologist is necessary due to Medical/Cognitive/Developmental or other needs, or because patient is younger than 22 years of age.
- ☐ Hearing Evaluation can be conducted by a Hearing Aid Dealer. (Patient's Medical/Cognitive/Developmental Condition does not require services by an audiologist.) Patient must be age 22 years or older to be referred to a hearing aid dealer.
- ☒ Hearing Evaluation can be conducted by an Audiologist or by a Hearing Aid Dealer.
- b. ☒ Requires Hearing Test in Home.